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CONFIRMATION NO. 7160

<b>SERIAL NUMBER</b> 10/645,234	<b>FILING OR 371(c) DATE</b> 08/21/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 2003P03508 US01
<b>APPLICANTS</b> John R. Zaleski, West Brandywine, PA; <i>One PB</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/453,320 03/10/2003 <i>yes PB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None PB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/12/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Phillip Dwyer</i> <i>PB</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Alexander J. Burke Intellectual Property Department 5th Floor 170 Wood Avenue South Iselin, NJ08830				
<b>TITLE</b> Healthcare system supporting multiple network connected fluid administration pumps				
<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	